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ABSTRACT

Though significant evidence suggests that drug-using alcoholics (DUA) are more damaged psychologically, socially, and medically than non-drug-using alcoholics (NDUA), current research on adults offers no clear explanation for the differences. This study examined the psychological and demographic differences between (other) drug-using and non-drug-using alcoholics in a systematically drawn, population-based nonclinical sample of males (N=193) who were convicted of driving while impaired or driving while under the influence. Respondents varied in extent of their drug use and were categorized into one of five groups ranging from drug abusing/dependent alcoholics to controls who used neither alcohol nor other drugs at clinical levels. Higher levels of drug involvement were associated with higher rates of antisocial behavior and alcohol-related problems, and were inversely related to level of mental health, adaptive functioning, socioeconomic status, and education. These results indicate that alcohol and drug use are related to patterns of adaptation among a variety of non-drug specific domains, including extent of psychopathology, and demographic indices of adaptation. Overall, there was a downward trends in the level of education and socioeconomic status as the level of substance abuse increased. These findings are consistent with a theoretical view which posits that increasing drug involvement is part of a larger syndrome of social failure and psychological distress that does not appear to be drug specific in nature. (Author/ABL)

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Drug Involvement Among Alcoholic Men:

Relationships to Psychopathology and Adaptation

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ABSTRACT

Drug Involvement Among Alcoholic Men:

Relationships to Psychopathology and Adaptation

This study examines the psychological and demographic differences between (other) drug-using and non-drug-using alcoholics in a systematically drawn, population based nonclinical sample of males. Respondents varied in extent of their drug use and were categorized into one of five groups ranging from drug abusing/dependent alcoholics to controls who use neither alcohol nor other drugs at clinical levels. Higher levels of drug involvement were associated with higher rates of antisocial behavior, and alcohol related problems, and were inversely related to level of mental health, adaptive functioning, socio-economic status, and education.

Introduction

Alcohol consumption increased throughout the 50's, 60's and 70's, but since 1981 an apparent downturn has occurred. At the same time, substance use, especially multiple drug use, has become more prevalent (6th Special Report to Congress, 1987). The NIMH Epidemiological Catchment Area study found that 22% of individuals abusing or dependent on alcohol also made another drug diagnosis. Though significant evidence suggests that drug-using alcoholics (DUA) are more damaged psychologically, socially, and medically than non-drug-using alcoholics (NDUA), current research on adults offers no clear explanation for the differences.

Utilizing theory based upon longitudinal studies of alcohol and drug onset in adolescense (Jessor & Donovan, 1983; Kandel, 1975), within the context of a cross-sectional design, the present study examines psychopathological and adaptational differences among alcoholic groups varying in level of other drug involvement to determine the extent to which varying degrees of other substance use may be related to non-substance specific factors such as intelligence, social competence, depression, and antisocial behavior. Using problem behavior theory, which posits the developmental acquisition of deviant behaviors as a cluster, and which hypothesizes earlier and greater difficulty for those whose substance use has moved beyond alcohol related difficulty, it was hypothesized that DUAs would be more dysfunctional than both NDUAs and controls in the areas examined.

Method:

Subjects were 193 men from the Michigan State University Longitudinal Study (Zucker, Noll, & Fitzgerald, 1986)(See Table 1). Subjects were recruited from all men in a 3 and a half county-wide area convicted in local district courts for driving while impaired (DWI) or driving under the influence (DUIL). Other inclusion criteria included: 1) a blood alcohol level(BAL) of at least .15% (150 mg/ 100 ml) upon arrest; 2) an intact family at the time of first contact; 3) son(s) between the ages of 3.0 and 6.0 years; and 4) qualification under the Feighner criteria (Feighner, Robins, Guze, Woodruff, Winokur, and Munoz's 1972) for a diagnosis of probable or definite alcoholism.

A substance use index was developed to classify subjects into five categories of severity of substance abuse/use: 1) individuals who made a DSM-III-r diagnosis of alcohol abuse/dependence and also a psychoactive substance abuse diagnosis (DAA); 2) individuals who make the alcohol diagnosis, but who use other drugs at sub-clinical levels (i.e., do not make the substance abuse diagnosis)(ASCD); 3) non-drug using alcoholics (NDUA); 4) individuals who report subclinical levels of problems related to drug use and no problem alcohol use; and 5) community controls (CC) who do not make an alcohol or a substance abuse diagnosis.

The following instruments were completed:

(A)The Drinking and Drug History (Zucker, Noll & Fitzgerald, 1988) consists of items proven in a variety of survey and clinical settings.

Using data collected from the Drinking and Drug History, the Lifetime Alcohol Problems Score (LAPS) is computed (Zucker 1991); this composite index assesses extent, severity and

life invasiveness of alcohol realted trouble over the life course.

(B)The Demographic Background Questionnaire assesses basic background characteristics, and allows coding for an occupationally based measure of socio-economic status (Mueller & Parcel, 1981).

(C)Prior antisocial behavior was assessed via the Antisocial Behavior Checklist (Zucker & Noll, 1980).

(D)Social competence was assessed via the DSM-III-R Global Assessment of Functioning Scale (GAF Scale) (American Psychiatric Association, 1987).

(E)Overall mental health was assessed via the Composite Psychological Health Q-Sort (Livson & Peskin, 1967; 1981).

Results:

1) Alcoholics with higher levels of drug use had lower socio-economic status, less education, higher levels of antisocial behavior, and a higher level of lifetime alcohol problems (LAPS), indicating a consistant pattern of higher levels of dysfunction among men abusing both alcohol and other drugs in both social attainment and psychological symptomatology.

2) The means of the five groups on the Mental Health Q-sort followed a linear progression with the highest level of mental health observed in the community control sample and the lowest in the DAAs. (p.'s $\leq .05$.) Similar results were found for the DSM-III-R measure of adaptive functioning.

Conclusion:

1) These results indicate that alcohol and drug use are related to patterns of adaptation among a variety of non-drug specific domains, including extent of psychopathology, and demographic indices of adaptation. Results are also consistent with the developmental data on progression of drug use which guided study hypotheses, viz. that subjects with higher levels of drug involvement will not only show a greater deviance in adolescence, but also have greater difficulty and more symptomology in adulthood.

2) Overall, a downward trend in level of education and socio-economic status as level of substance abuse increased. These findings are consistent with a theoretical view which posits that increasing drug involvement is part of a larger syndrome of social failure and psychological distress that does not appear to be drug specific in nature.

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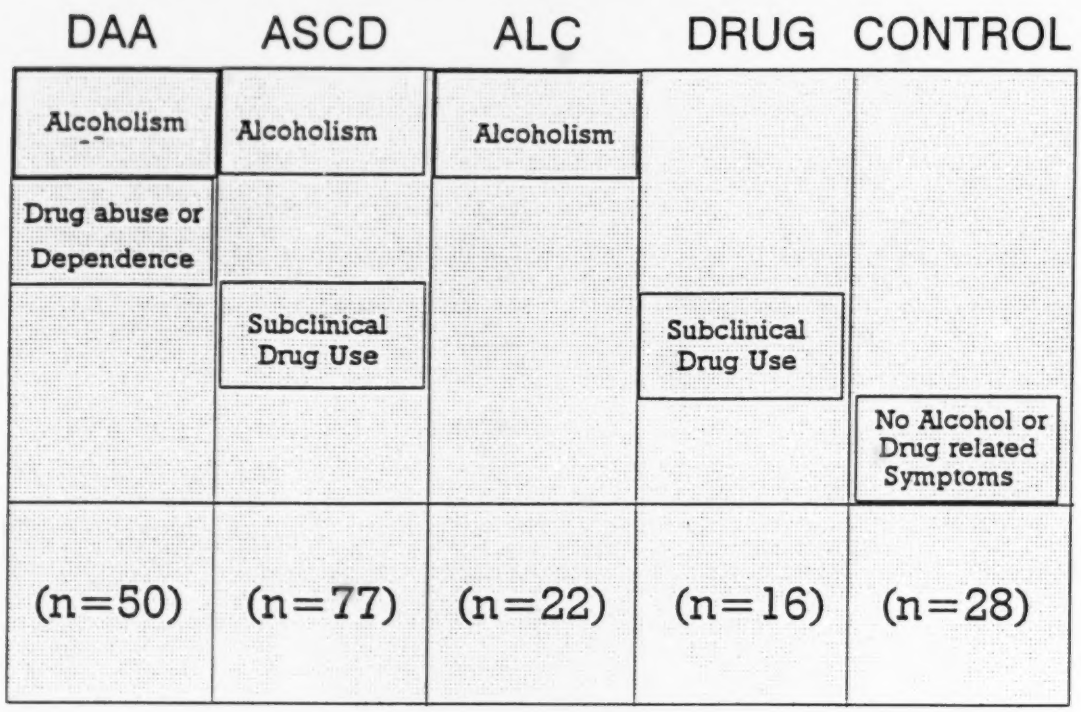
Group Categories (N=193)



Demographic Differences Among groups varying in extent of drug and alcohol involvement--Classification based on Lifetime Diagnosis (N=193)

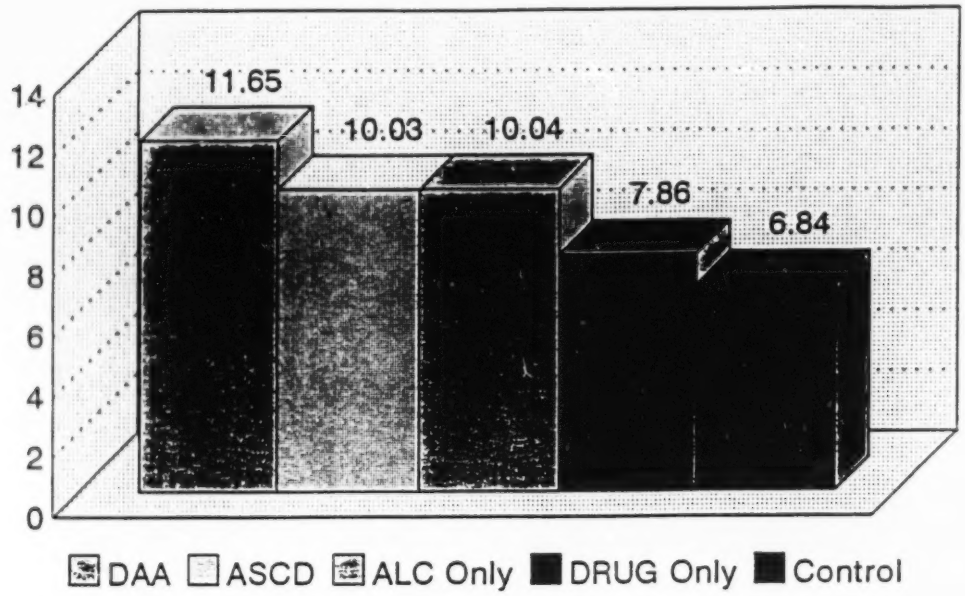
	1 DAA (n=50)	2 ASCD (n=77)	3 ALC (n=22)	4 Drug (n=16)	5 Controls (n=28)	F[a]	p
AGE							
MEAN	32.78	31.48	33.31	31.58	32.78	.71	.58
SD	5.55	4.25	7.96	5.20	5.22		
Years of Education							
MEAN	12.56	12.66	12.27	13.43	14.42	6.24	.00
SD	1.41	1.94	2.64	1.93	1.68		
Socio-Economic Status-Duncan's Code							
MEAN	24.50	26.18	25.95	32.41	42.75	7.05	.00
SD	11.48	14.65	21.91	18.42	20.50		
Income[b]							
MEAN	6.12	6.55	6.54	7.31	7.35	2.25	.06
SD	2.16	2.13	1.96	1.57	1.39		

Note.DAA = Alcohol + drug abuse or dependence; ASCD = Alcohol + subclinical drug Use; Alcohol = Only alcohol use; Drug = Only drug use; Control = Non alcohol or drug use

[a] Univariate Analyses of Variance with (4, 188) Degrees of Freedom

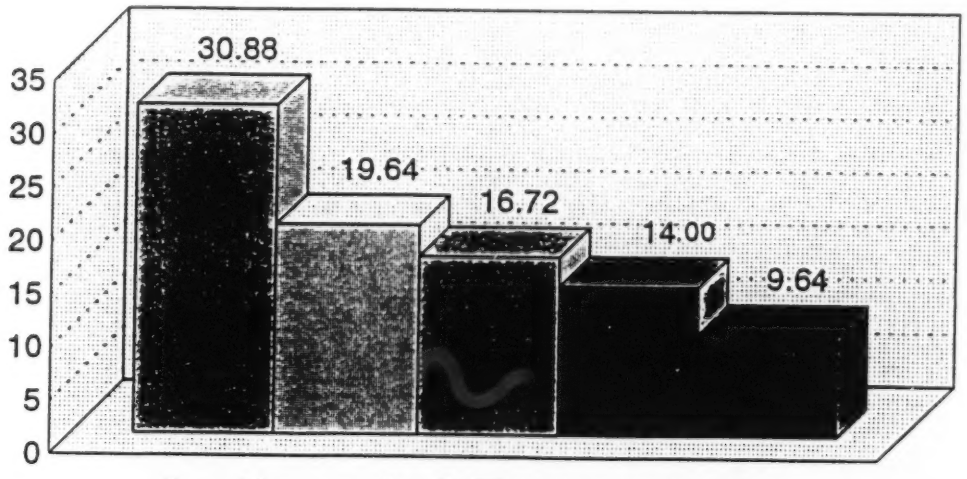
[b] 6 = $16,000 - 20,000; 7 = $21,000 - 30,000; 8 = $31,000 - 50,000

Lifetime Alcohol Problems*



DAA = Alcoholism + Drug Abuse/Dependence
ASCD = Alcoholism + Subclinical Drug Use
* Univariate F (4,188) = 40.56; $p < .001$

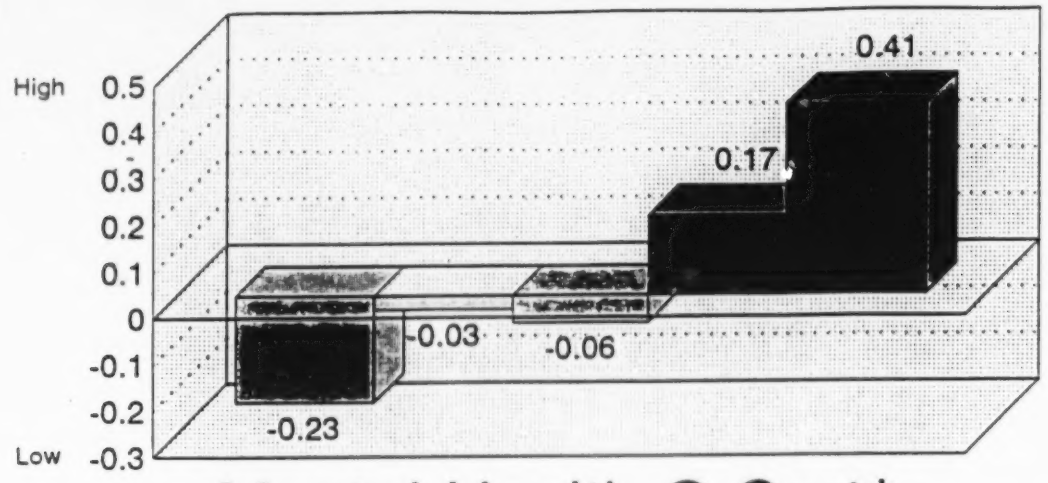
Psychopathological Differences Among Groups Varying in Extent of Substance Use



Antisocial Behavior*

DAA ☐ ASCD ALC Only DRUG Only Control

DAA = Alcoholism + Drug abuse/Dependence
ASCD = Alcoholism + Subclinical Drug Use
*Univariate F (4, 188) = 17.51; $p < .001$

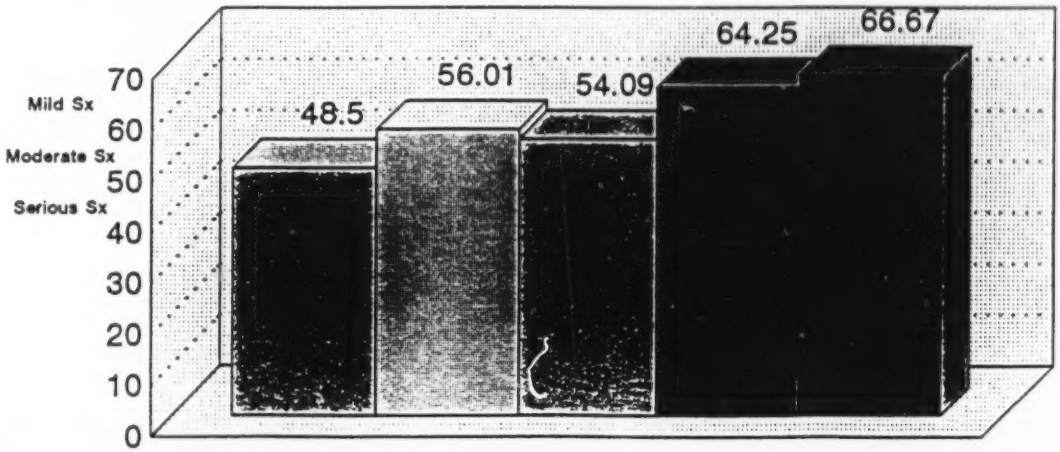


Mental Health Q-Sort*

DAA ASCD ALC Only DRUG Only Control

DAA = Alcoholism + Drug Abuse/Dependence
ASCD = Alcoholism + Subclinical Drug Use
* Univariate F (4, 188) = 17.88; $p < .001$

Global Assessment of Functioning*
(DSM-III-R Axis V)



DAA ASCD ALC Only DRUG Only Control

DAA = Alcoholism + Drug Abuse/Dependence
ASCD = Alcoholism + Subclinical Drug Use
*Univariate F (4, 188) = 17.89; $p. < .01$